

EMERGENCY INFORMATION
MN Planning

Date Updated: _____

Employee's Name _____
Last First MI

Home Address _____

City State Zip Phone #

Allergies: _____

Any other physical conditions we need to know in case of emergency: _____

*In case of emergency 1st contact: Name _____

Address _____

Home Phone _____ Work Phone _____ Relationship _____

*In case of emergency 2nd contact: Name _____

Address _____

Home Phone _____ Work Phone _____ Relationship _____

Certain information we request is private, that is, it may be released only to you or to state agencies where you may be considered for employment (to comply with M.S. 13.04, Subd. 2).

<u>Private Data</u>	<u>Why we ask for it</u>	<u>Are you legally Obligated to Provide it?</u>	<u>What may happen if you don't provide it</u>
Medical History	To be able to quickly provide critical information to emergency personnel.	No	Possible inaccurate emergency medical treatment.